Name in Full: Richard Bayne

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Great Mills — County: St Mary's

Date of death: Month: August — Day: 12th — 1904 — Age: Years: 12 — Months — Days

Sex: Male — Color or Race: Colord — Birthplace: St Marys Co

Occupation: Servant — Where Residing if not at place of death:

Married, Single or ~~Widowed~~ — Name of Wife or Husband

Father's Name: George W Baines — Father's Birthplace: St Marys

Mother's Maiden Name: Mary Elizabeth Baines — Mother's Birthplace: St Marys

Name of person giving information: Father — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Empifilas — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry Richardson M.D.

Address: Great Mills Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Romulus Biscoe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Delta Brooke; County: St. Mary's

Date of death 1904: Month: Aug.; Day: 7; Years: Age 55; Months: —; Days: —

Sex: male; Color or Race: Colored; Birthplace: St. Mary's Co.

Married, Single or Widowed: married; Occupation: Farmer

Name of Wife or Husband: Mary Thomas

Father's Name: Abram Biscoe; Father's Birthplace: St. Mary's Co. Md.

Mother's Maiden Name: Doit Hance; Mother's Birthplace: Maryland

Name of person giving Information: Grant Goldring; How related to deceased: Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease; How long: 12 months

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Zach. R. Morgan

Address: Mechanicsville, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Peter Cullen Cameron

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: [illegible] — County: St Mary's

Date of death: 1904 Month: Aug. Day: 22

Age: Years 1 Months 8 Days [illegible]

Sex: male Color or Race: white Birthplace: St Marys Co

Occupation: [illegible] Where Residing if not at place of death: St Marys Co

Married, Single or Widowed: [illegible] Name of Wife or Husband: [illegible]

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Peter Cameron Father's Birthplace: St Marys

Mother's Maiden Name: Maria Cameron Mother's Birthplace: " "

Name of person giving Information: [illegible] How related to deceased: [illegible]

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible] How long: [illegible]

Immediate: Cholera Infantum 105+ How long: [illegible]

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Henry Richardson

Address: Great Mills Md

Accident or Suicide? [illegible]

LIBRARY BUREAU A88616

Name in Full: Carter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bushville — County: St Mary's

Date of death: Month: Aug — Day: 29 — Years: — — Months: 8 — Days: —

Sex: Male — Color or Race: Black — Birthplace: St Mary's Co

Occupation: — — Where Residing if not at place of death: Same

~~Married~~, Single or Widowed — ~~Name of Wife or~~ Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Carter — Father's Birthplace: St Mary's Co

Mother's Maiden Name: Nancy Juniper — Mother's Birthplace: " "

Name of person giving information: Wm — How related to deceased: X

125

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 weeks

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. M. Tippett

Address: St Inigoes Md

Accident or Suicide?

LIBRARY BUREAU A6U616

Name In Full

Certificate of Death

Frederick Chester

Died at St. Georges Island (Town) St. Marys (County) MARYLAND

Date 1904 Month Aug. Day 31 | Age Y. 19 M. — D. — | Native of St. Marys | Occupation Oysterman

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Walter Chester | Mother's Maiden Name Annie Chester

Cause of Death { Primary Peritonitis | Immediate

How long sick 8 days

~~Accident, Suicide, Homicide~~

Reported by T. Harper Lynch, M.D.

Address Mechanicsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 73999

Name In Full

Certificate of Death

Raymond Collins

Died at Town: Pallmers County: St. Mary's MARYLAND

Date 1904 Month: 8 Day: 22 | Age Y.: — M.: 3 D.: — | Native of: md | Occupation: —

Male ~~White~~ ~~Married~~ Widow ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children~~ living

Husband / Wife of

Father's Name: Joseph Collins Mother's Maiden Name: Lizzie C. Bond

Cause of Death — Primary: —

Immediate: Cholera Infantum 105

How long sick: 12 hours,

Accident, Suicide, Homicide

Reported by: Rob't V. Palmer

Address: Palmers md.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: John F Combs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ridge — County: St Mary's

Date of death: Month: Aug — Day: 17 — 1904 — Age: Years: 64 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: St Mary's Co. Md

Occupation: Farmer — Where Residing if not at place of death: At place of death

Married, Single or Widowed — Name of Wife or Husband: Cora Hammett

Father's Name: Edward Combs — Father's Birthplace: same

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Thos F Combs — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Indigestion — How long: Few weeks

Immediate: General Debility — How long: Three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. M. Tippett

Address: St Inigoes

Accident or Suicide?

104

LIBRARY BUREAU A88018

Name in Full

Certificate of Death

Rachel Gladden

Died at Town: California County: St Marys MARYLAND

Date 19 04 Month: Aug Day: 4 | Age Y. 25 M. D. | Native of St Marys | Occupation Housekeeper

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 3

Husband / Wife of Tom Gladden

Father's Name Billie Johnson Mother's Maiden Name Mary Kaddem

Cause of Death — Primary: Tuberculosis — How long sick 2 years

Immediate: Hemorrhage

Accident, Suicide, Homicide

Reported by R. W. Sherbanow

Address California Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70939

Name in Full

Certificate of Death

Ellis Gross

Died at Valley Lee Town — St. Marys County — MARYLAND

Date 1904, Month Aug, Day 16 | Age Y. 8 M. — D. — | Native of St. Marys | Occupation none

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Ellis Gross | Mother's Maiden Name Rosa Dotson

Cause of Death: Primary Typhoid Fever | How long sick 14 days

Immediate | ~~Accident, Suicide, Homicide~~

Reported by F. Humphrey Lynch M.D.

Address Valley Lee, St. Marys Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70809

Name in Full — Certificate of Death

Eliza Juniper

Died at Town: Sand Gate — County: St Mary's — MARYLAND

Date 19~~17~~ Month: Aug — Day: 13 | Age: Y. 33 M. D. | Native of: Md | Occupation: Housewife

~~Male~~ / Female — ~~White~~ / Colored — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: ~~0~~ 6

Husband of / Wife

Father's Name: William Price — Mother's Maiden Name: Jane Smith

Cause of Death — Primary: Tuberculosis — How long sick: 3 years

Immediate — Accident, Suicide, Homicide

Reported by: J. V. King

Address: Oakville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LITHOGRAPHED BY BUREAU, 70808

Name in Full

Certificate of Death

Elsie Catherine Lyon

Died at Blakistone Town, Prince George's County, MARYLAND

Date 1904	Month	Day	Y.	M.	D.	Native of	Occupation
	8	12	—	11	—	Md	—

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name: Stanislaus W. Lyon

Mother's Maiden Name: Alice R. Lewis

Cause of Death — Primary:

Immediate: Cholera Infantum

How long sick: 1 day

Accident, Suicide, Homicide

Reported by: Rob't. V. Palmer

Address: Palmer Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 73888

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ridge — County: St Marys

Date of death 1904 — Month: 8 — Day: 25

Age — Years: — Months: 8 — Days: —

Sex: F — Color or Race: White — Birthplace: Ridge

Occupation: X — Where Residing if not at place of death: Same

~~Married~~, Single, ~~Widowed~~ — Name of Wife or ~~Husband~~:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Hugh P Smith — Father's Birthplace: Same

Mother's Maiden Name: Edith Dunn — Mother's Birthplace: "

Name of person giving Information: Pembroke Smith — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: Two weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. M. Tippett

Address: St Inigoes

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Richard Speakes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Charlotte Hall — County: St. Mary's

Date of death 1904 — Month: Aug. — Day: 6 — Age: Years 70 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Widower — Occupation: Blacksmith

Name of Wife or Husband: Virginia Turner

Father's Name: Don't Know — Father's Birthplace: Maryland

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know

Name of person giving In formation: Philip A. Tolson — How related to deceased: Son-in-Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Trouble — How long: Five years

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Zach. R. Morgan M.D.

Address: Mechanicsville, Md.

Accident or Suicide?

LIBRARY BUREAU A83516

Name In Full John H. Thomas

Certificate of Death

Died at Town Hungerford County St. Marys MARYLAND

Date 1904 Month Aug. Day 30 | Age Y. 63 M. — D. | Native of Md | Occupation

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary Enteric cadets — | How long sick 8 Months

Immediate | Accident, Suicide, Homicide

Reported by E. B. Johnson

Address Hungerford

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full

Eliza Harrawin

Certificate of Death

Town

Died at Hollywood County St Mary's MARYLAND

Date 19 24 Month Aug Day 22 | Age Y. 07 M. D. | Native of md | Occupation Farming

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband of
Wife

Father's Name Geo Sewell

Mother's Maiden Name

Cause of Death: Primary Tuberculosis — How long sick 1/2 mo

Immediate

Accident, Suicide, Homicide

Reported by J. O. King.

Address Dorsey md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70002

Name in Full: Sophia Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Mechanicsville — County: St. Marys

Date of death 1904: Month: Aug. — Day: 27 — Years: 51 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Lye Williams

Father's Name: Bapt. Wood — Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know

Name of person giving In formation: Lye Williams — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: a week

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Zach. R. Morgan

Address: Mechanicsville Md

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Edward Young

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: St Inigoes — County: St Marys

Date of death: Month: Aug. — Day: 7 — Year: 1904 — Age: 65 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Va

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Eliza Young

Father's Name: Don't Know — Father's Birthplace: Va

Mother's Maiden Name — Mother's Birthplace: Va

Name of person giving Information: John Young — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L. M. Tippett

Address: St Inigoes

Accident or Suicide?

LIBRARY BUREAU A485 6

Name in Full: Francis O. Young

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Howard's Race; County: St. Mary's

Date of death 1904: Month: Aug; Day: 12

Age: Years: —; Months: 5; Days: —

Sex: male

Color or Race: Colored

Birthplace: St. Mary's Co.

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Young

Father's Birthplace: St. Mary's Co.

Mother's Maiden Name: Hattie Barnes

Mother's Birthplace: Maryland

Name of person giving information: Frank Young (father)

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diarrhoea — How long: 2 weeks

Immediate: Cholera Infantum — How long: 24 hours

105

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jacob R. Morgan, M.D.

Address: Mechanicsville, Md.

Accident or Suicide?

LIBRARY BUREAU 588316

Name in Full

Certificate of Death

Mary Young -

Died at Town Clements County St. Mary's MARYLAND

Date 1904 Month Aug. Day 3 | Y. M. D. Age 27 | Native of Md | Occupation

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ Widow Widower Divorced

Number of children living 3 -

~~Husband~~ Wife of Clark Young -

Father's Name E. V. Hult Mother's Maiden Name

Cause of Death { Primary Tuberculosis of Lungs and Intestines | How long sick 2 Years

Immediate | Accident, Suicide, Homicide

Reported by L. B. Johnson

Address Mechanicsville.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70803